



CITY OF WESTMINSTER

APPLICATION FOR APPOINTMENT COMMITTEES AND/OR COMMISSIONS

NAME OF BOARD/COMMISSION/COMMITTEE

NAME: _____ AGE: _____

HOME ADDRESS: _____

PHONE: _____ E-MAIL: _____

WHY DO YOU WISH TO SERVE ON THIS COMMISSION/COMMITTEE? _____

HIGH SCHOOL ATTENDED: _____

COLLEGE OR
UNIVERSITY: _____ MAJOR: _____

EMPLOYER: _____ PHONE: _____

JOB TITLE: _____ BUSINESS ADDRESS _____

CURRENT MEMBERSHIP IN ORGANIZATIONS AND OFFICES HELD: _____

PAST MEMBERSHIP IN ORGANIZATIONS AND OFFICES HELD: _____

SIGNATURE: _____ DATE: _____

Please remit to: City Clerk, Westminster City Hall, 8200 Westminster Blvd., Westminster, CA 92683
Fax No. (714) 373-4684